

Entered - 02/06/01 - sb  
CL01L0087 - DIANNE C. MITCHELL

01-*R*-0280

CLAIM OF: SANDRA S. SIRHAN,  
through her insurance carrier,  
Healthcare Recoveries, Inc.  
P. O. Box 37440  
Louisville, Kentucky 40233-7440

For damages alleged to have been sustained as a result of personal  
injuries at the Atlanta Airport on March 7, 2000.

THIS ADVERSE REPORT IS APPROVED

BY: *Rosalind Rubens Newell*  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY *Robinson, Co. J. DCA*

ADVERSE REPORT  
CITY COUNCIL MAR 05 2001

ADVERSE REPORT

COM. *P.S. LA*

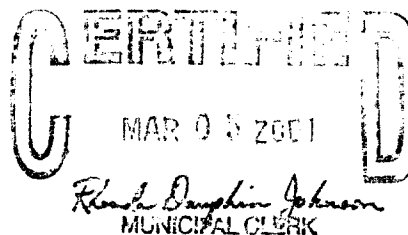
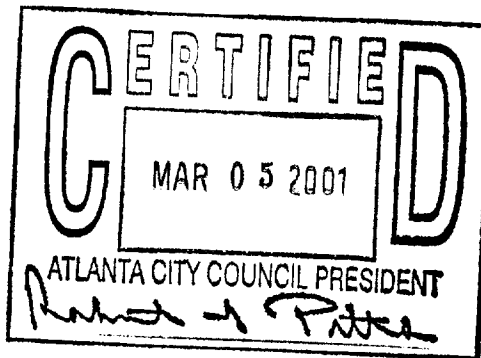
DATE *2/27/01*

CHM *C. J. Martin*

*Michael Brown*

*Dorothy Wright*

*Clela Thomas*





## OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.  
SECOND FLOOR, EAST  
SUITE 2700  
ATLANTA, GEORGIA 30335  
(404) 330-6033  
FAX (404) 658-6103

March 14, 2001

Healthcare Recoveries , Inc.  
Insurance Carrier  
Attn: Michael J. Hoffmann  
P.O. Bpx 37440  
Louisville, Kentucky 40233-7440

01-R-0280

RE: Sandra S. Sirhan

Dear Mr. Hoffmann

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on March 05, 2001. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC  
Municipal Clerk

cc: **Claims Division/Law Department**

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0087

Date: February 8, 2001

Claimant /Victim SANDRA S. SIRHAN  
BY: (Atty)(Ins. Co.) Healthcare Recoveries, Inc.  
Address: P. O. Box 37440, Louisville, Kentucky 40233-7440  
Subrogation: X Claim for Property damage \$                      Bodily Injury \$ 3,979.00  
Date of Notice: 02/05/01 Method: Written, proper X Improper                       
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.)                       
Date of Occurrence 03/07/00 Place: Atlanta Airport  
Department Aviation Division:                       
Employee involved                      Disciplinary Action:                     

NATURE OF CLAIM: The claimant is attempting to recover for medical expenses paid on behalf of its insured due to an injury she received at the airport. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired to receipt of the claim. Furthermore, insurance carriers are prohibited by Georgia state law from the subrogation of personal injury claims.

### INVESTIGATION:

Statements: City employee                      Claimant                      Others                      Written                      Oral                       
Pictures                      Diagrams                      Reports: Police                      Dept Report                      Other                       
Traffic citations issued: City Driver                      Claimant Driver                       
Citation disposition: City Driver                      Claimant Driver                     

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial                       
Improper Notice                      More than Six Months X Other X Damages reasonable                       
City not involved                      Offer rejected                      Compromise settlement                       
Repair/replacement by Ins. Co.                      Repair/replacement by City Forces                       
Claimant Negligent                      City Negligent                      Joint                      Claim Abandoned                     

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

### RECOMMENDATION:

Pay \$                      Adverse X Account charged: 1A01                      2J01                      2H01                       
Claims Manager:  Concur/date 02-08-01  
Committee Action:                      Council Action

HEALTHCARE RECOVERIES, INC.  
P.O. Box 37440  
Louisville, Kentucky 40233-7440  
Telephone: (800)419-6451



February 2, 2001

ENTERED - 2-6-01 - SB  
01L0087 - DIANNE MITCHELL

*M Mitchell*  
*02/05/01*  
*DM*

CITY OF ATLANTA LAW DEPARTMENT  
ATTN: DIANNE MITCHELL  
68 MITCHELL STREET SW #4100  
14TH FLOOR  
ATLANTA, GA 30335

RE: Your Insured: Hartsfield Airport  
Our Insured: SANDRA S SIRHAN  
Health Plan: UNITED HEALTHCARE  
Loss Date: 03/07/00  
Our File No.: MU-S261544334010  
Your File No.:  
Your Policy:

Dear Sirs:

Attached is an updated Consolidated Statement of the total benefits paid or incurred by the Health Plan to date in connection with the injury sustained by the above referenced patient.

As these charges may not be final, please contact our office before settlement so we may give you the final figures. If you require further information or clarification, please contact us.

REMITTANCE ADVICE

File Number: MU-S261544334010

Amount Enclosed: \$ \_\_\_\_\_

Member Name: SANDRA S SIRHAN

(Please include file number on your check and enclose this remittance advice)

Sincerely,

*[Signature]*  
Michael J. Hoffmann  
(800)419-6451

004571214500



RCS# 2689  
3/05/01  
6:36 PM

# Atlanta City Council

## Regular Session

CONSENT

Pages: 1 thru. 13

ADOPT

YEAS: 12  
NAYS: 0  
ABSTENTIONS: 0  
NOT VOTING: 3  
EXCUSED: 0  
ABSENT 1

SEE ATTACHED LISTING OF  
ITEMS ADOPTED/ADVERSED  
ON CONSENT AGENDA

NV McCarty  
Y Starnes  
Y Bond  
Y Winslow

Y Dorsey  
Y Woolard  
Y Morris  
Y Muller

Y Moore  
NV Martin  
B Maddox  
Y Boazman

Y Thomas  
Y Emmons  
Y Alexander  
NV Pitts

ITEM (S) REMOVED FROM  
CONSENT AGENDA  
01-O-0240  
01-R-0307  
01-R-0346

CONSENT

**ITEMS ADOPTED ON CONSENT  
AGENDA**

1. 01-O-0179
  2. 01-O-0348
  3. 00-O-1657
  4. 01-O-0355
  5. 01-O-0152
  6. 01-R-0190
  7. 01-R-0349
  8. 01-R-0351
  9. 01-R-0290
  10. 01-R-0304
  11. 01-R-0305
  12. 01-R-0369
  13. 01-R-0370
  14. 01-R-0297
  15. 01-R-0300
  16. 01-R-0298
  17. 01-R-0299
  18. 01-R-0251
  19. 01-R-0252
  20. 01-R-0253
  21. 01-R-0254
  22. 01-R-0255
  23. 01-R-0256
  24. 01-R-0257
  25. 01-R-0258
  26. 01-R-0259
  27. 01-R-0260
  28. 01-R-0261
  29. 01-R-0262
  30. 01-R-0263
  31. 01-R-0264
  32. 01-R-0265
  33. 01-R-0266
  34. 01-R-0267
  35. 01-R-0268
  36. 01-R-0269
  37. 01-R-0291
  38. 01-R-0292
- 

**ITEMS ADVERSED  
ON CONSENT AGENDA**

39. 01-R-0270
40. 01-R-0271
41. 01-R-0272
42. 01-R-0273
43. 01-R-0274
44. 01-R-0275
45. 01-R-0276
46. 01-R-0277
47. 01-R-0278
48. 01-R-0279
49. 01-R-0280
50. 01-R-0281
51. 01-R-0282
52. 01-R-0283
53. 01-R-0284
54. 01-R-0285
55. 01-R-0286
56. 01-R-0287
57. 01-R-0288
58. 01-R-0289